COMPOSITE HEALTH CARE SYSTEM

“Data Quality for the Business of Health Care”

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8 September 2005

SAIC
An Employee-Owned Company

Agenda

- Part 1 – Data Quality “Check Points”
- Part 2 – “Secrets Revealed”
- Part 3 – Ambulatory Data Module

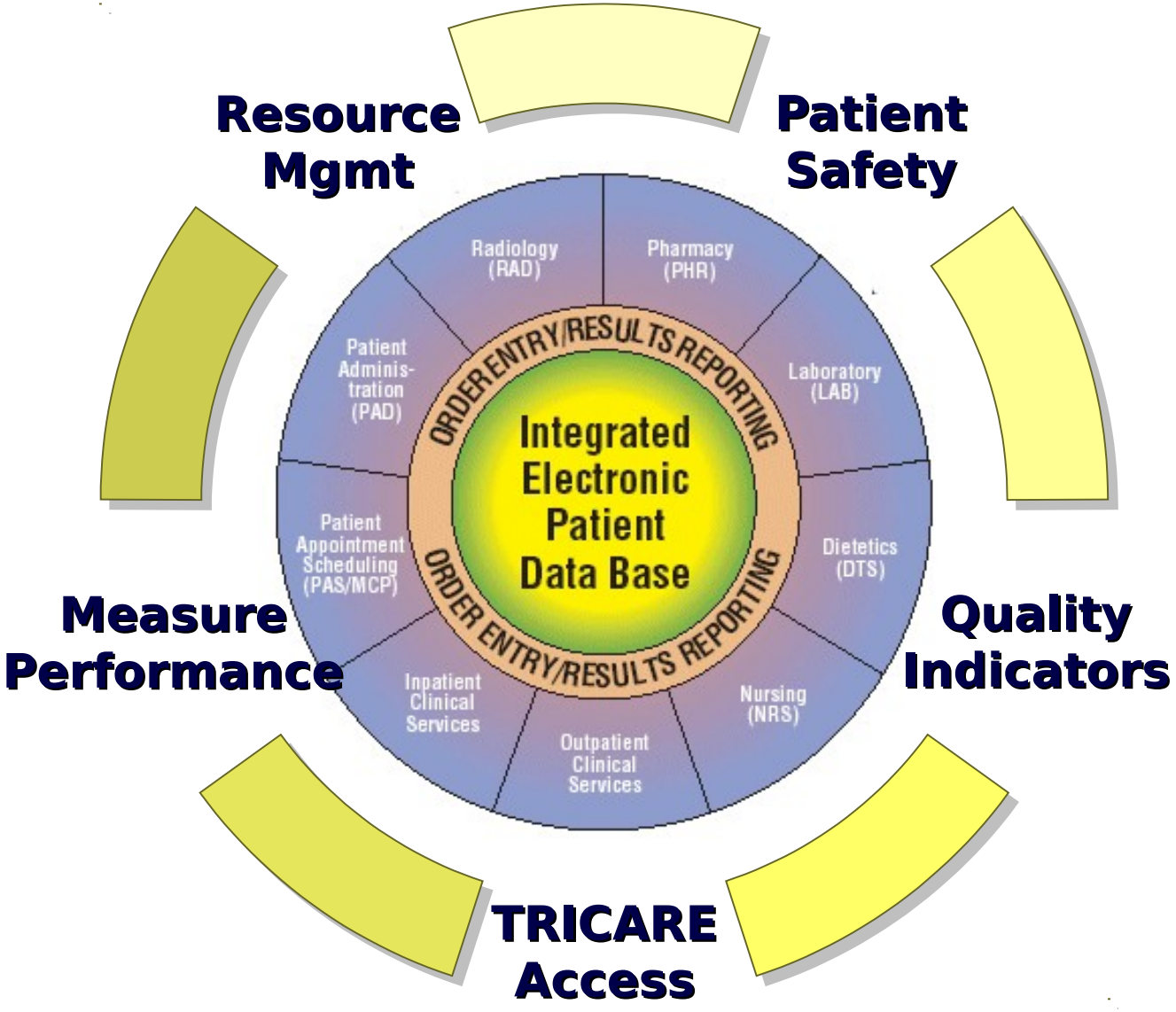
Course Notes:

- Hyperlinks can only be accessed from Slideshow Mode
- Imbedded Icons can only be accessed from Normal View

Objectives

- **“WHY” the focus on Data Quality?**
- **“WHAT” are the Downstream Impacts?**
- **“HOW” to Start?**
  - **Data Quality Management Control Program**
  - **Understand Your Business Processes**
  - **Gather and Analyze data**
  - **Understand what CHCS does and can do for You!**
  - **Develop Goals and Benchmarks**
  - **Look Ahead to CHCS II**
- **“WHERE” to find Resources & Information?**
- **Recognize that DQ is not a one time effort…**

Data Capabilities



It's Not Easy Being Green!

http://tricare.osd.mil/rm/documents/fa/TMASummaryJune05.xls

AD45 fx 0%

June (April (FY2005) Data Sources) 2005 DQMC Commander's Statement TMA Summary

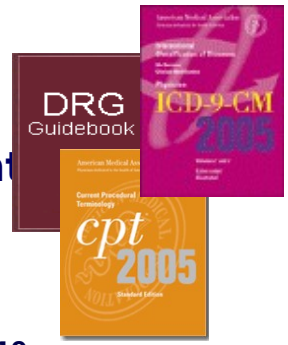
NOTE: Where answer is yes or no, Y=1, N=0; where element asks for rate, enter actual rate.
Color Code: Green (95-100), Yellow (80-94), Red (79 and below)

	Percent Compliant				Percent Compliant				Percent Compliant			
	Apr-05	Apr-05	Apr-05	Apr-05	May-05	May-05	May-05	May-05	Jun-05	Jun-05	Jun-05	Jun-05
	Army	Air Force	Navy	Svc Avg	Army	Air Force	Navy	Svc Avg	Army	Air Force	Navy	Svc Avg
QUESTION KEY:												
1. Adherence to requirements for *daily* end-of-day processing procedure by all clinics												
a. Percentage of clinics in compliance	97%	93%	96%	95%	97%	93%	92%	94%	98%	94%	90%	94%
b. Percentage of appointments closed	100%	99%	99%	99%	100%	99%	98%	99%	100%	99%	98%	99%
2. IAW legal and medical coding practices have all the following occurred:												
a. % of Outpt. Encounters (non-APV) coded within 3 business days of encounter	88%	94%	86%	89%	92%	94%	86%	91%	92%	94%	88%	91%
b. % of APVs coded within 15 days of encounter	92%	89%	83%	88%	93%	92%	88%	91%	95%	91%	92%	93%
c. % of Inpt records coded within 30 days after discharge	97%	97%	90%	95%	98%	97%	96%	97%	98%	96%	93%	96%
3. IAW with TMA policy, "Implementation of EAS/MEPRS Data Validation and Rec"												
a. Monthly EAS/MEPRS financial reconciliation process was completed and validated	83%	83%	97%	88%	92%	88%	97%	92%	89%	88%	100%	92%
b. Monthly Inpt. and Outpt. EAS/MEPRS reconciliation processes completed/validated	97%	85%	100%	94%	100%	91%	100%	97%	100%	92%	100%	97%
c. Were the data load status, outlier/variance, WWR-EAS IV, & Alloc. Tabs in MEVACS reviewed and anomaly explanations given	97%	87%	100%	95%	100%	88%	97%	95%	100%	88%	100%	96%
4. Compliance with TMA or Service guidance for timely submission of data												
a. MEPRS/EAS	78%	77%	97%	84%	89%	80%	97%	89%	83%	84%	87%	85%
b. SIDR/CHCS	100%	96%	96%	97%	100%	100%	100%	100%	100%	100%	100%	100%
c. WWR/CHCS	100%	97%	100%	99%	97%	93%	100%	97%	97%	97%	100%	98%
d. SADR/ADM	99%	98%	100%	99%	99%	98%	97%	98%	98%	98%	98%	98%
5. Outcome of monthly inpatient coding audit (DRG codes)	98%	80%	98%	92%	98%	84%	97%	93%	98%	78%	98%	91%
6. Outcome of monthly coding audits (# validated/# reviewed)												
a. % of records available for audit (O.H.or C.O.)	99%	88%	95%	94%	99%	87%	95%	94%	98%	88%	96%	94%
b. % of E&M codes deemed correct	87%	86%	78%	84%	80%	85%	82%	82%	85%	87%	78%	83%
c. % of ICD9 codes deemed correct	85%	78%	79%	81%	84%	78%	78%	80%	83%	81%	78%	81%
d. % of CPT codes deemed correct	95%	89%	85%	90%	90%	91%	85%	89%	90%	92%	85%	89%
e. % of completed & current DD Form 2569s maintained in the record (Non-AD)	69%	66%	47%	61%	74%	65%	51%	63%	73%	68%	59%	67%
7. Outcome of monthly APV coding audits (# validated/# reviewed)												
a. % of APV records available for audit (O.H.or C.O.)	100%	90%	97%	96%	100%	85%	99%	95%	100%	94%	100%	98%
b. % of E&M codes deemed correct (APV)	100%	95%	100%	98%	100%	94%	100%	98%	100%	100%	100%	100%
c. % of ICD9 codes deemed correct (APV)	93%	78%	91%	87%	90%	74%	90%	85%	90%	82%	90%	87%
d. % of CPT codes deemed correct (APV)	90%	63%	91%	81%	93%	68%	86%	82%	91%	74%	85%	83%
e. % of completed & current DD Form 2569s maintained in the APV record (Non-AD)	80%	62%	54%	65%	82%	64%	55%	67%	85%	56%	73%	71%
8. Comparison of reported workload data												
a. # SADR/# WWR visits	104%	99%	103%	102%	104%	98%	101%	101%	103%	98%	102%	101%
b. # SIDR/# WWR dispositions	99%	97%	100%	99%	99%	98%	99%	99%	100%	97%	95%	97%
c. # EAS/# WWR visits	100%	96%	100%	99%	100%	96%	100%	99%	100%	97%	100%	99%
d. # EAS/# WWR dispositions	100%	89%	100%	96%	100%	95%	100%	98%	100%	99%	100%	100%
e. # IBVA SADR encounters (A***)/ # SUM WWR bed days	55%	60%	0%	38%	56%	68%	84%	69%	61%	64%	88%	71%
9. I am aware of data quality issues identified by the DQMC Review list and when needed, have taken action to improve the data from my facility.	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	100%

TMA DQMC Summary | TMA DQMC Service Summary | TMA Charts

Since 1992…

- **CHCS has been the primary operational clinical system supporting DoD and US Coast Guard facilities world-wide:**
  - **"One of the world's first and largest hospital integrated enterprise Clinical Provider Order Entry (CPOE) systems in the world"[1]**
  - **104+ CHCS Platforms world-wide supporting over 500 MTFs**
- **Interfaces with more than 40 Clinical & Administrative systems:**
  - **Beneficiary Eligibility - Defense Eligibility & Enrollment System (DEERS)**
  - **Resources - Expense Assignment System IV (EAS IV)**
  - **Billing - Third Party Outpatient Collections System (TPOCS)**
  - **Pharmacy - Pharmacy Data Transaction System (PDTS)**
- **Standard tables for data consistency:**
  - **ICD-9-CM (Inpatient/Outpatient Diagnosis and Inpatient Procedures)**
  - **CPT/HCPCS (Outpatient Procedures and Services)**
  - **Federal and DoD standard tables**
  - **Site defined tables for MTF operations**



[1] Mr. James C. Reardon, Military Health System, Chief Information Officer, U.S. House of Representatives, May 19, 2004

In 2004…

- Captured important patient information by automating the documentation of patient data for 9 million beneficiaries*
- Documented over 50 million outpatient appointments*
- Performed 70 million prescription transactions yearly*
- Interfaced with the Pharmacy Data Transaction System (PDTS) that has prevented over 99,000 potentially life-threatening drug interactions*
- Capabilities will be further enhanced with CHCS II to provide improved coding and expanded documentation of medical care*

* Mr. James C. Reardon Military Health System, Chief Information Officer, U.S. House of Representatives, May 19, 2004

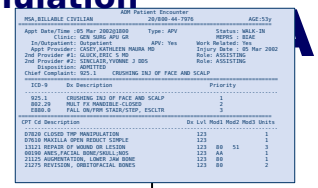
Application Architecture

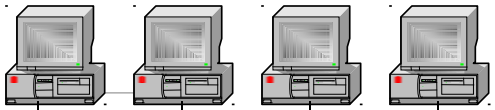
VT 400 Terminal Emulation

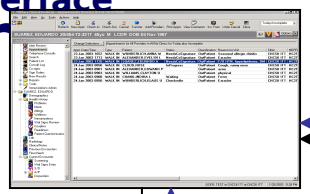
CHCS II Graphic User Interface

DEERS

ELIGIBILITY & ENROLLMENT







WAREHOUSE

CDW

CDR

CLINICAL DATA REPOSITORY

CHCS Patient

Standard Files and Tables (DMIS, ICD-9, CPT/HCPCS, DRG, National Drug Codes, Zip Code,

Site Defined Files and Tables (Locations, Providers, Users, Formulary, Tests/Procedures, ADM

Application Business Rules

Inpatient Admissions and Dispositions (PAD)

Outpatient Appointment Scheduling Managed Care Program (PAS/MCP)

Ambulatory Data Module (ADM)

Clinical Order Entry and Results Reporting

Laboratory (LAB)

Radiology (RAD)

Pharmacy (PHR)

Consults

Nursing Orders

Medical Services Accounting (MSA)

Workload Assignment Module (WAM)

CHCS Generic Interface Specification (GIS) for (HL7) and Electronic Transfer Utility (ETU)

LAB INSTRUMENTS
CO-PATH
LAB-INTEROP
DBSS
HIV

DIN-PACS
VOICE RAD

PDTS
ATC
BAKER CELL
PYXIS
VOICE REFILL

HL7, M/OBJECTS, ESI-OBJECTS OR CUSTOM NTERFACES

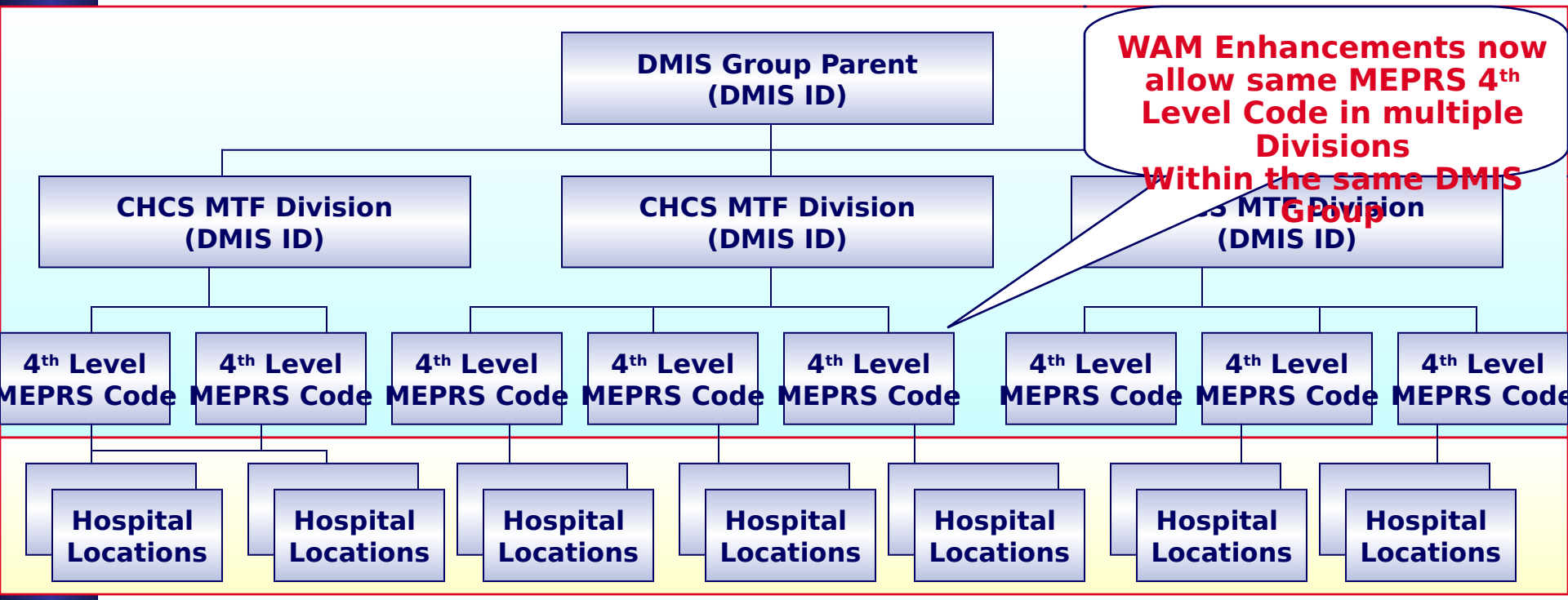
CHCS II
ICDB/HEALTHeFORCES
EI/DS
DoD/VA SHARING
CODING/COMPLIANCE
CIS
CIW

G-CPR
TRANSPORTABLE CPR
TRAC2ES
CAC
UCAPERS
NMIS
DRG ENCODER/GROUPER

FTP DATA TRANSFERS

PATIENT SURVEY
SIDR
SADR
WWR
MEPRS-EAS
TPOCS

Building Blocks



- **Workload reported per 4th Level MEPRS Code – Rolled up via DMIS ID and Group DMIS ID**
  - 4th Level MEPRS Code also known as Functional Cost Code (FCC)
- **Hospital Locations also referred to as "Places of Care" support MTF Business Processes, such as:**
  - Managed Care (Primary Care Manager) Teams
  - Nurse T-CON Clinics
  - Wards, Clinics, Ambulatory Procedure Units, File Rooms, Remote Locations, etc.

Hospital Location

- **Identifies the type of work performed:**
  - **WARD, CLINIC, IMAGING, LAB, PHARMACY, FILE AREA, ADMITTING AREA, AMB PROCEDURE UNIT, REMOTE**
- **Multiple Hospital Locations may be linked to the same MEPRS Code (FCC)**
- **Must be linked to a MEPRS Code (FCC) to support workload reporting**
- **MEPRS Code links to a Treating DMIS ID to support workload reporting**
- **Treating DMIS ID linked to a DMIS Parent ID to support workload roll-up**

Hospital Location

```
CHCS Menu Path
---------
 DAA    Data Administration Menu
  CFT    Common Files and Tables Management Menu
    CFM    Common Files and Tables Maintenance Menu
      HOS    Hospital Location File Enter/Edit

HOSPITAL LOCATION: DQ FAMILY PRACTICE                    DOD HOSP LOCATION EDIT

                          NAME: DQ FAMILY PRACTICE
                        ABBREV: DQFP
                   DESCRIPTION: DQ FAMILY PRACTICE
                 LOCATION TYPE: CLINIC
                       SERVICE: FAMILY PRACTICE
                      DIVISION: DIV A - TRAINING HOSPITAL
                      FACILITY: WALTER REED AMC WASHINGTON DC
                    MEPRS CODE: BGAI/0037
                COST POOL CODE:

 PROMPT FOR REQUESTING SERVICE: YES
              ENROLLEE LOCKOUT: YES
                  TYPE OF CARE: BOTH SPECIALTY AND PRIMARY CARE

 Select CLINIC SPECIALTY:
 FAMILY PRACTICE/PRIMARY CARE

 Select KEY PERSON:

 Select DUPLICATE CHECKING ORDER TYPE:

 INACTIVE FLAG:
```

Provider Profile

- Establishes Provider Privileges for Ancillary Order Entry and Admission Processing
- Includes the Provider "Default" Assigned Location
- Provider Medical Specialty/HIPAA Taxonomy
  - MTF Providers require a Provider Medical Specialty <=905 to support Prospective Payment System (PPS) RVU and Billing
  - TRICARE Network Providers identified with >910 to support Health Care Finder Functions
  - Establishes CHAMPUS Maximum Allowable Charge (CMAC) Provider Class for TPOCS and MSA Billing
  - External Civilian Providers require either a Null Provider Medical Specialty or 000, to support TPOCS and MSA Billing
  - Quick Fix released in Change Package 255 to address SADR design issue resulting in "Null" Provider Medical Specialty and provide an update utility to maintain the Provider Taxonomy

View Informational "**Provider Specialty Utility**"

Provider Profile

```
CHCS Menu Path
---------
 DAA    Data Administration Menu
  CFT    Common Files and Tables Management Menu
    CFM    Common Files and Tables Maintenance Menu
      PRO    Provider File Enter/Edit

PROVIDER:  QUIRT,RICHARD                                    DA PROVIDER EDIT
                    Name:  QUIRT,RICHARD
             Provider Flag:  PROVIDER
               Provider ID:  QURITR
            Provider Class:  PHYSICIAN
                       SSN:  123-45-9999
Select PROVIDER SPECIALTY:
  FAMILY PRACTICE PHYSICIAN (001)
  FAMILY PRACTICE/PRIMARY CARE (923)
Primary Provider Taxonomy: 207Q00000X
      CMAC Provider Class: 01 - MEDICAL DOCTOR/DOCTOR OSTEOPATHY
Select  PROVIDER TAXONOMY:
  207Q00000X

                Location: DQ FAMILY PRACTICE
              HCP SIDR-ID: 001289
        Branch of Service: MARINE CORPS
                     Rank: CAPTAIN
PROVIDER: QUIRT,RICHARD                            DA PROVIDER EDIT (CONTINUED)

  Active CHCS II Account: YES

Select ASSOCIATED CLINIC:
  DQ FAMILY PRACTICE
  MEDICAL EXAMINATION CLINIC
```

Provider Specialty Utility

```
CHCS Menu Path
---------
 PAD System Menu (DG USER)
   Data Quality Reports Menu (DOD DQ REPORTS MENU)

   DQL    DQ Hospital Location Report
   DQS    Pharmacy Site DQ Report
   DQP    DQ Provider Default Report
->>DQR    Re-Order Provider Specialty Utility

Select Data Quality Reports Menu Option:

                      DQM Re-Order Provider Specialties Utility
This utility will ensure that the first Provider Specialty in the PROVIDER SPECIALTY
multiple field is mapped to a taxonomy code.  If not, the utility will find the first
Provider Specialty entry in the multiple that is mapped to a taxonomy code and switch
the two entries.  Providers that do not have any specialties that map to a taxonomy
code will be placed on the spooled exception report.

DQM Re-Order Provider Specialties Utility History
                                                                 Num Providers
Spool File Name                          User Name              Convert  Except
================================================================================
DQM_PROV_SPEC_CONV_RPT 22Jan2005-0343   HOPKINS,LINDA M            714     561
DQM_PROV_SPEC_CONV_RPT 09Feb2005-2111   HOPKINS,LINDA M              5     560
```

Need more information about a CHCS Report? Enter ??? (3 Question Marks) to display an explanation of the report.

Clinic Profile

- **Identifies Providers that can have appointments schedules in the clinic**
- **Establishes Workload Type for the Clinic as Count or Non-Count, based on Workload Reporting Rules**
- **Links to the Appointment Types available in the Clinic and whether they are Count or Non-Count, based on Workload Reporting Rules**
- **Non-Count Clinics cannot have Count Visits:**
  - **Immunizations (FBI*)**
  - **Non-Count Nurse T-CON Clinic**
  - **CHCS II Test Clinic (BTST) or other as designated by your MTF**
- **CHCS II supports Workload Type indicators set by CHCS Clinic Profile, Appointment Type and Provider Profile**

Clinic Profile #1

```
CHCS Menu Path
---------
 CA     Core Application Drivers Menu
  PAS    PAS System Menu
          Scheduling Supervisor Menu
   PROF   Profiles Menu
    CPRO   Clinic Profile Edit

                                CLINIC PROFILE

Hospital Location: DQ FAMILY PRACTICE
-------------------------------------------------------------------------------
                Name: DQ FAMILY PRACTICE
        Abbreviation: DQFP
            Facility: WALTER REED AMC WASHINGTON DC
            Division: DIV A - TRAINING HOSPITAL
       Building Name:
     Building Number:
      Street Address:
                 ZIP:
                City:
               State:
     Clinic Location:
 Clinic Availability:
           Telephone:
    Enrollee Lockout: YES
        Type of Care: BOTH SPECIALTY AND PRIMARY CARE
             Service: FAMILY PRACTICE
          Department: MEDICAL CARE DEPARTMENT
          MEPRS Code: BGAI
```

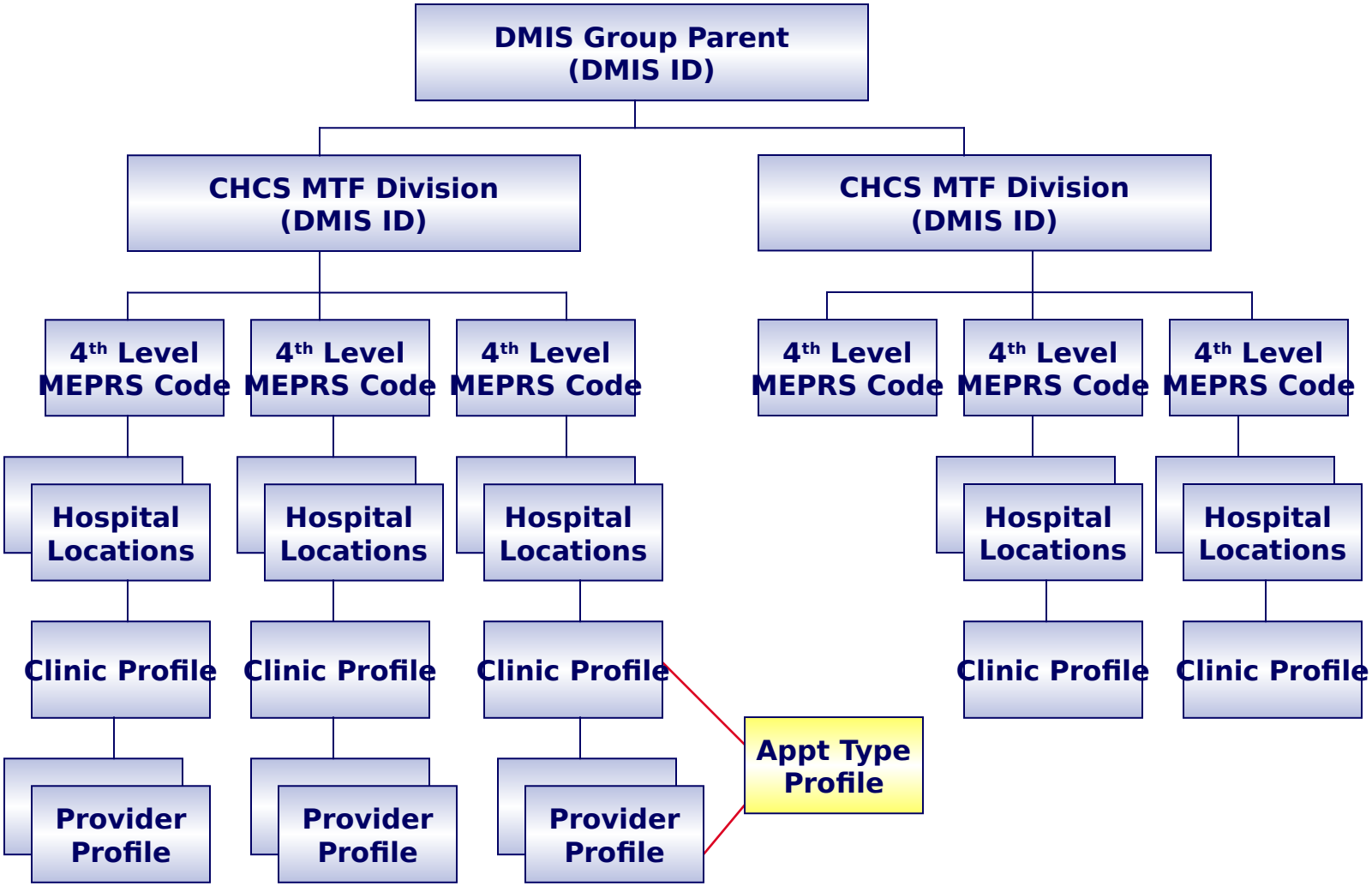
Clinic Profile #2

```
 CLINIC PROFILE

HOSPITAL LOCATION: DQ FAMILY PRACTICE
-------------------------------------------------------------------------------
          Wait List Activated:            Maximum Wait List Days:       day(s)
  Wait List Provider Mandatory:          Wait List Hold Duration:       day(s)
     Auto Wait List Processing:           Schedule Hold Duration:     1 day(s)
 Prompt for Requesting Service: YES          Patient Record Pull:     1 day(s)
                  Clinic Type: ??         Radiology Record Pull:       day(s )
┌──────────────────────────────────────────────────────────────────────────────┐
│ANSWER 'COUNT' IF CLINIC WORKLOAD SHOULD BE COUNTED IN WORKLOAD REPORTING  OR │
│'NON-COUNT' IF CLINIC WORKLOAD SHOULD NOT BE COUNTED IN WORKLOAD REPORTING    │
│                                                                              │
│This field offers authorized site personnel to identify those                 │
│clinic hospital locations are "count" or "non count" workload                 │
│clinics.                                                                      │
│                                                                              │
│        (M)ore help, (L)ist of values, or (Q)uit? L                           │
└─────────Keyboard Help = PF1,HELP─────────────────────────────────────────────┘

CLINIC PROFILE

HOSPITAL LOCATION: DQ FAMILY PRACTICE
-------------------------------------------------------------------------------

Select DETAIL CODES:
  WEA       WEB AND MCP BOOKABLE
  BPAP      ACTIVE DUTY AND PRIME ENROLLEES
```

Clinic Profile #3

```
 CLINIC PROFILE

 CLINIC PROFILE
HOSPITAL LOCATION: DQ FAMILY PRACTICE
 APPOINTMENT TYPE: WELL
--------------------------------------------------------------------------------
               Duration: 30                                  Status: ACTIVE
          Workload Type: COUNT                   Referral Required:
     Pull Patient Record: NO                  Pull Radiology Record: NO
 Produce Encounter Forms: NO                   Send Reminder Notice: NO
    Total # of Overbooks:                Max # of Overbooks Per Slot:
            Instructions:
 Select BOOKING AUTHORITY:



 Select APPT CHANGE AUTHORITY:



 Select OVERBOOK AUTHORITY:
```

Linking It All Together



Workload Assignment

- **Visit Workload Capture Elements:**
  - DMIS Parent
  - Treating DMIS ID
  - Hospital Location (Linked to MEPRS Code)
  - 4th Level MEPRS Code (FCC)
  - Clinic Type (Count/Non-Count)
  - Appointment Types (Linked to Clinic & Provider)
  - Workload Type (Count/Non-Count)
  - Provider (Profiled for Clinic)
  - Patient Category (Rolls up to Beneficiary Category)
  - Patient Status (Inpatient/Outpatient)
  - Appt Status (KEPT, S-CALL, WALK-IN or T-CON)

Visit Criteria???

- **MEPRS Workload Reporting guidelines establish the definition for:**
  - **"Count" Visits**
  - **“Non-Count" Visits**

- **A “COUNT” VISIT requires 3 Key Elements to = Workload:**
  1. **Interaction between patient and healthcare provider**
  2. **Independent judgment/assessment of patients condition, to accomplish one or more of the following:**
     - Examination
     - Diagnosis
     - Counseling
     - Treatment
  3. **Documentation**

Focus Shifting from Counting “Visits” to <u>Measuring Work/Services Provided</u>

Visits – How Many?

UIC: W2L6AA CLARK HEALTH CLINIC — 15 Feb 2005 0826
DMIS ID: 7294 — Page: 20

DATA SET WORKLOAD REPORT
Month: Jan Year: 2005 (Last Data Gen 02/02/05@1631)

DATA SET	Perform FCC/DMIS	Request DMIS FCC	ID	CPT CODE Lab & Rad	*CAT 1	*CAT 2	*CAT 3	*CAT 4	*CAT 5	*CAT 9	Raw Amt Sys-Gen	Wgt Amt Sys-Gen	Raw Amt Edit	Wgt Amt Edit
				OUT	OUTPATIENT VISITS									
	BAAI/7294				2	20	72	109	0	0	203	0.00	0	0.00
	BDAI/7294				2	315	0	4	1	0	322	0.00	0	0.00
	BEDI/7294				276	2	0	0	0	0	278	0.00	0	0.00
	BFEI/7294				89	35	0	1	0	0	125	0.00	0	0.00
	BFEO/7294				40	23	0	4	0	0	67	0.00	0	0.00
	BFFI/7294				285	0	0	0	0	0	285	0.00	0	0.00
	BGAI/7294				2919	3184	480	907	34	0	7524	0.00	0	0.00
	BHCI/7294				412	40	6	9	1	0	468	0.00	0	0.00
	BHDI/7294				123	29	6	9	1	0	168	0.00	0	0.00
	BJAI/7294				38	0	1	0	0	0	39	0.00	0	0.00
	Totals:				4186	3648	565	1043	37	0	9479	0.00	0	0.00

*CAT is Beneficiary Category: 1=ACTIVE DUTY, 2=FAM MBR OF ACTIVE DUTY, 3=RETIRED, 4=FAM MBR OF RETIRED, 5=OTHER, 9=NOT REPORTED.

- **WAM Workload reports Count Visits by Group DMIS, Treating DMIS, 4th level MEPRS (FCC) and Beneficiary Category**
- **Only "Count" KEPT, WALK-IN and T-CON Visits are included:**
  - **"PENDING" Appointments not included in reported workload**
- **Statistical "Snapshot"**

Visit Quiz!

- **Provider Interpreting EKGs in a "B" MEPRS Clinic?**
  - A. Count
  - ☑ B. Non-Count
- **Advice Nurse T-CON?**
  - A. Count
  - ☑ B. Non-Count
- **Advice Nurse T-CON that results in the patient being seen by a Provider (Same Day):**
  - A. Count
  - ☑ B. Non-Count
- **Each Visit that is part of a complete or flight physical examination, performed in a separately organized clinic or specialty service?**
  - ☑ A. Count
  - B. Non-Count
- **Ward Visits by a Provider from the Attending Service**
  - ☑ A. Count
  - B. Non-Count

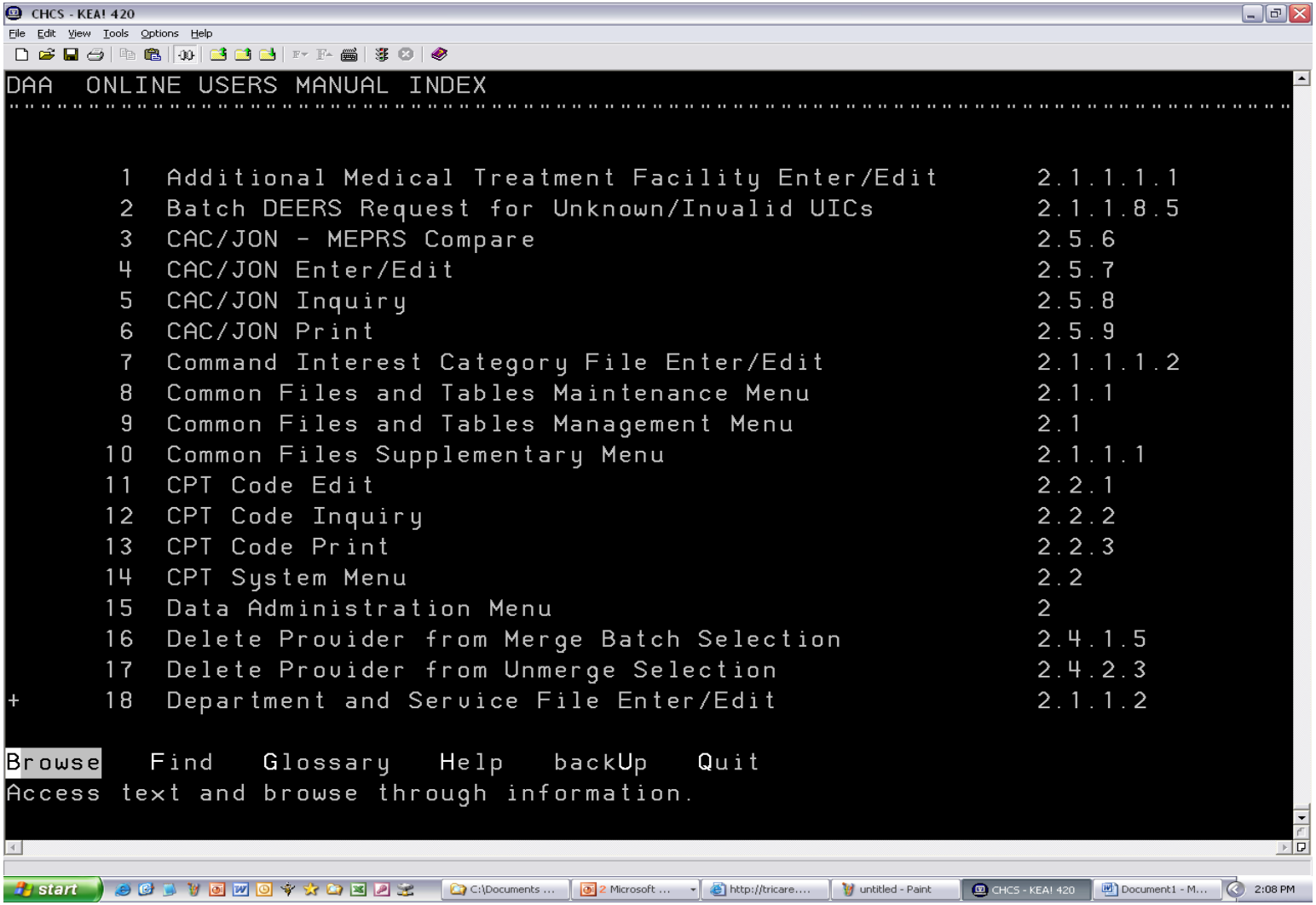
Time to Break…

"Secrets Revealed"

Best Kept Secret! - OLUM

- CHCS II On-Line Users Manual (OLUM)
- Electronic documentation and index of CHCS Functions and Reports
- Accessible by ALL CHCS Users:
  - Type OLUM (from anywhere)
  - Select IND to access the OLUM Index
  - Select CHCS Sub-System (Scroll Down for Data Admin and Ad-Hoc Users Guides)
  - Browse or Find topic of interest such as “Hospital Location”

E-Help in CHCS


CHCS - KEA! 420
File Edit View Tools Options Help
DAA ONLINE USERS MANUAL INDEX
1 Additional Medical Treatment Facility Enter/Edit 2.1.1.1.1
2 Batch DEERS Request for Unknown/Invalid UICs 2.1.1.8.5
3 CAC/JON - MEPRS Compare 2.5.6
4 CAC/JON Enter/Edit 2.5.7
5 CAC/JON Inquiry 2.5.8
6 CAC/JON Print 2.5.9
7 Command Interest Category File Enter/Edit 2.1.1.1.2
8 Common Files and Tables Maintenance Menu 2.1.1
9 Common Files and Tables Management Menu 2.1
10 Common Files Supplementary Menu 2.1.1.1
11 CPT Code Edit 2.2.1
12 CPT Code Inquiry 2.2.2
13 CPT Code Print 2.2.3
14 CPT System Menu 2.2
15 Data Administration Menu 2
16 Delete Provider from Merge Batch Selection 2.4.1.5
17 Delete Provider from Unmerge Selection 2.4.2.3
+ 18 Department and Service File Enter/Edit 2.1.1.2
Browse Find Glossary Help backUp Quit
Access text and browse through information.
start
2:08 PM

Patient Registration

- Establishes required fields to uniquely identify patient in the CHCS database and DEERS
- Performs checks to prevent creation of duplicate patients
- Requires the Fileman “&” (Ampersand) key to create new entries - Limit users given this Key
- Performs DEERS query to obtain Enterprise Person ID (EDI-PN), Eligibility Status and “Lock Down” key person identifiers
- Allows Pseudo-SSNs (800-YY-MDDD)
- Allows users with Full or Mini-Registration Access to update:
  - Drug Allergy Information
  - Address and Contact Information
  - Outpatient Medical Records Location
  - Patient Category – to identify beneficiary relationship to the Military Health System (MHS)
  - Station/Unit ID – best obtained by entering Sponsors Unit Zip Code

Tools you can use:

http://www-nmcp.med.navy.mil/EduRes/CompMedia/chcs/nuggets.asp

Mini-Registration

```
Patient: HEATLHE,PATIENT                                  Mini Registration
FMP/SSN: 30/800-27-0816       DOB: 03Jan26       PATCAT: A43    Sex: F

-------------------------------------------------------------------------
      Patient: HEALTHE,PATIENT                          DOB: 03 Jan 1926
       PATCAT: A43 (USA FAM MBR RET)                   *FMP: 30
  *Home Phone: 9104881212      W:                       *SSN: 800-26-0103
*Patient Addr: 229 VIVIAN DR.                          Sex: FEMALE
        *City: FAYETTEVILLE        *St/Cntry: NC     *Zip: 28311-1433
      Sponsor: HEALTHE,SPONSOR                     Service: ARMY
          FMP: 20       Sex: MALE                Sponsor SSN: 800-27-0816
       PATCAT: A31 (USA RET LOS OFFICER)                DOB: 16 Aug 1927
  Command Sec:                                          Rank: COLONEL
    Local UIC:
 Duty Address:
         City:                          St/Cntry:       Zip:
   Duty Phone: 486 1212CELL                             DSN:
  *O/P Rec Loc: CLARK HC RECORDS
```

- **Patient Demographic items in red (*) can be updated by MTF Staff that have Mini-Reg Access**
- **Patient Category cannot be updated in Mini-Reg for current Inpatient, Corrections Management must be used**

Downstream Impacts

- **Patient Contact/Address Information Update**
  - Inability to notify patients of results or appointment changes
  - Incorrect Address Information for Billing (TPOCS and MSA)
  - CHCS II does not currently update CHCS Registration
  - CHCS is designed to update DEERS Address Information but is not a 100% solution (See Back-Up Informational "DEERS Updates")
- **Assignment of Patient Category:**
  - Incorrect Biostatistical reporting in SIDR/SADR
  - Incorrect workload reported in the WWR and WAM/EAS
  - Patients could be billed in error (Officer vs Enlisted, Reservists)
  - Patient Category is a "key" data element for Civilian and Agency Billing, and the capture of OHI
- **Random use of Pseudo-SSNs:**
  - Prevents DEERS Eligibility Query
  - Often results in Duplicate Patients
  - May prevent correlation of clinical data in CHCS II or result in accidental correlation in CHCS II

CHCS/DEERS Update/Sync

```
                        CHCS/DEERS DISCREPANCY DISPLAY
Name: RESERVE,RECALLED DUTY          FMP/SSN: 20/800-61-1107
  Patient Category: USA ACTIVE DUTY           SEX/DOB/AGE: F/11Jul1961/43Y
-------------------------------------------------------------------------
                DEERS                                        CHCS
-------------------------------------------------------------------------
   Name      First: RECALLED                                ESERVE,RECALLED DUTY

            Middle: DUTY
              Last: RESERVE
           Cadency:
               SSN: 800611107                          800611107
               DOB: 11 Jul 1961                        11 Jul 1961
 *             Sex: MALE                               FEMALE
   Mailing Address: 707 DATA QUALITY DR                 707 DQ DR
              City: HOPE MILLS                          HOPE MILLS
     State/Country: NC                                  NC
               Zip: 283485673                          28348-5673
        Home Phone: 9109071212                         9109071212
+     Sponsor Rank: PETTY OFFICER FIRST CLASS          PETTY OFFICER FIRST CLASS
------------------------------------------------------------------------- Use
   SELECT key to select the item(s) to update
```

Reservists Recalled to Active Duty >30 Days should be entered as Active Duty.

DG REG SYNC Security Key required to process CHCS/DEERS Updates

```
CHCS User is Prompted to Confirm Update:
Do you want to change Patient ADDRESS
 From: 707 DQ DR, HOPE MILLS, NC 28348-5673
   To: 707 DATA QUALITY DR, HOPE MILLS, NC 283485673?
```

DEERS Address Updates

- Do not use % * ~ ? [ ] { } in the address field
- Enter complete Phone Number including Area Code
- Rules for CHCS/DEERS Address Updates:
  - Upon registering of a new patient, the system requests eligibility data from DEERS.
  - Address information obtained from DEERS is downloaded into the CHCS patient record.
  - A date/time stamp is associated with the address update.
  - If the info is received from DEERS, a Patient Identifier (EDI-PN) is downloaded and becomes part of the CHCS patient file.
  - When the address is updated on CHCS, a message is generated for the patient and sent to DEERS, but ONLY if there is a Patient Identifier (EDI-PN) in the patient record without it, DEERS can't make a match.
  - When DEERS receives update message, it compares the address update date/time to whatever date/time they have on record. If the message from CHCS isn't "fresher" than the data on file, it is dropped.
  - After the initial registration, CHCS does not update address data from DEERS unless the user specifically uses the "Demographics" action on the DEERS Eligibility Request option, and chooses to update the data.

Source: SAIC Fieldservices Informatonal of November 2004 and New DEERS Release Notes

Duplicate Patients

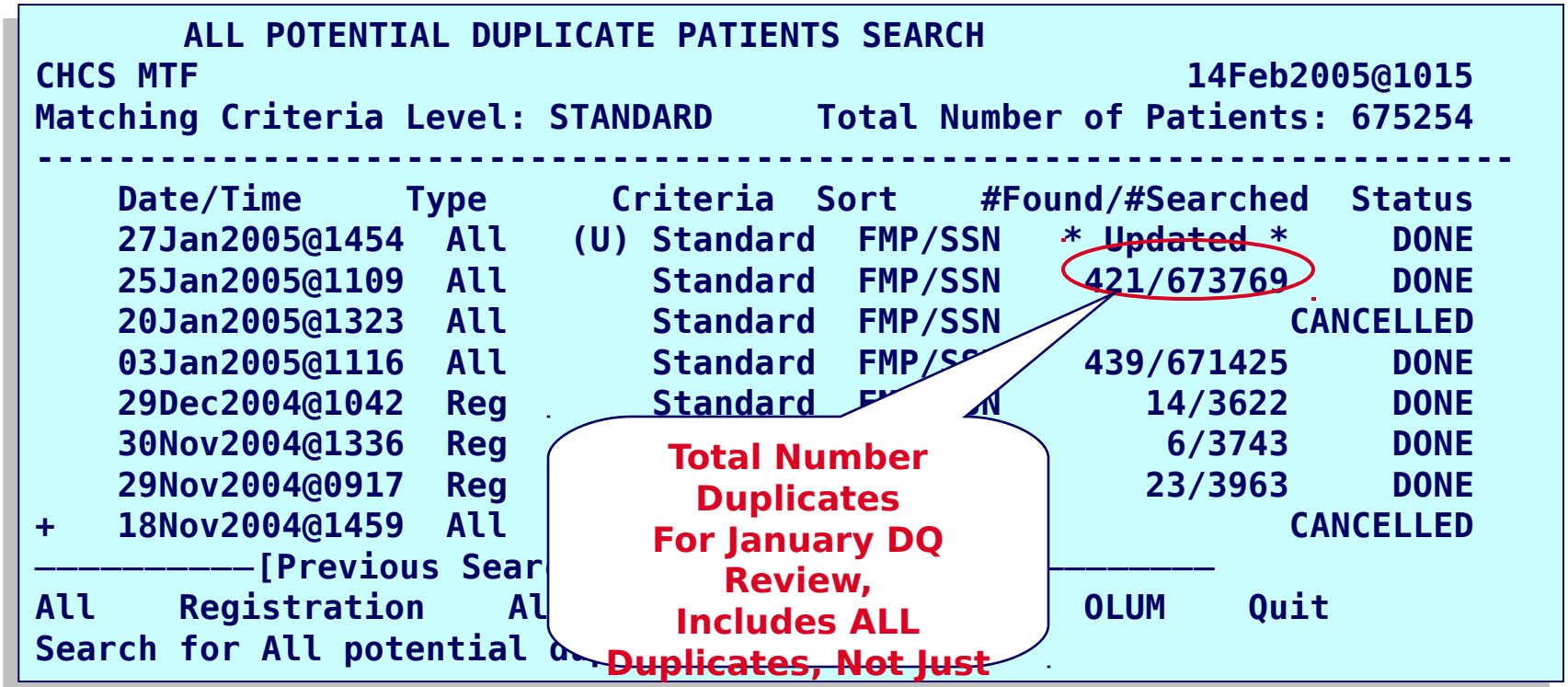
- **Contains logic to prevent creating new duplicate patients**
- **Some duplicates can not be avoided:**
  - **Typographical errors**
  - **Transcription Errors (Can't read Handwritten Registration Form)**
  - **Name & Sponsor Changes**
  - **Pseudo-SSNs**
  - **Mail-In Labs (Creates Pseudo Patient Name)**
  - **Lack of Dual Eligibility Patient Indicator**
- **Potential Duplicate Patient Search identifies potential duplicates for DQMC Review List Item C.2.**
- **Dedicated POC needed to investigate duplicates and perform merges**
- **User Registration Report identifies users requiring additional training to support DQMC Review List C.2. Items a) to d)**

See Back-Up Informational – "Duplicate Patient Management"

Duplicate Patient Mgmt Menu

```
EPD    Exclude Potential Duplicate Patients
        [DG DUP EXCLUDE]
IDP    Identify Duplicate Patients
        [DG DUPLICATE PATIENT]  Locked: DG ID DUP RECORDS
IDS    Individual Duplicate Patient Search
        [DG DUP IND PAT SEARCH]
MPD    Merge/Transfer Patient Data
        [DG DPT MERGE]  Locked: DG MERGE PATIENT
OPS    Obsolete Patient Search and Delete
        [DG DUP OBSOLETE]  Locked: DG DUP OBSOLETE
PDS    Potential Duplicate Patient Search
        [DG DUP ALL PAT SEARCH]  Locked: DG DUP ALL PAT SEARCH
STA    Run Time Statistical Report
        [DG DUP STAT REPORT]
UDP    Un-Identify Duplicate Patients
        [DG UN-DUPLICATE PATIENT]  Locked: DG ID DUP RECORDS
EIR    Identified and Excluded Dup Patient Reports
        [DG DUP IDP-EPD REPORTS]  Locked: DG DUP USER REPORT
RUR    Registering User Report
        [DG DUP USER REPORT]  Locked: DG DUP USER REPORT
```

Duplicate Patient Search


ALL POTENTIAL DUPLICATE PATIENTS SEARCH
CHCS MTF 14Feb2005@1015
Matching Criteria Level: STANDARD Total Number of Patients: 675254
Date/Time Type Criteria Sort #Found/#Searched Status
27Jan2005@1454 All (U) Standard FMP/SSN * Updated * DONE
25Jan2005@1109 All Standard FMP/SSN 421/673769 DONE
20Jan2005@1323 All Standard FMP/SSN CANCELLED
03Jan2005@1116 All Standard FMP/SS 439/671425 DONE
29Dec2004@1042 Reg Standard 14/3622 DONE
30Nov2004@1336 Reg 6/3743 DONE
29Nov2004@0917 Reg 23/3963 DONE
+ 18Nov2004@1459 All CANCELLED
[Previous Sear
All Registration Al OLUM Quit
Search for All potential d.
Total Number Duplicates For January DQ Review, Includes ALL Duplicates, Not Just those for the Reporting Month

- Options to search All Potential Duplicates or for New Registrations for a given date range
- Registration Report includes User Names creating Duplicates

Registering User Report

```
            REGISTERING USER REPORT
                              SELECTED USERS

================================================================================
Run Time:  25 Jan 2005@1109       Type:  All          Criteria:  STANDARD
Search Range:   NONE            Total Found/Total Searched:  421/673769
================================================================================
User Name                                      Number Of Potential
                                               Duplicate Registrations
--------------------------------------------------------------------------------
TRAINING,USER A                                16
TRAINNG,USER B                                  2
TRAINING,USER C                                 1
```

Number Duplicates Created in January

- Coordination with Users creating duplicated as outlined in the DQMC Review List
- Consider removing “&” (Ampersand) until process problems resolved or update training completed

Downstream Impacts

- **Potential Risk to Patient Safety!**
  - CHCS cannot perform Drug-Allergy checks across duplicate records
  - PDTS may miss critical Drug-Drug checks
  - Clinical data not visible to Providers
- **Critical to address for CHCS II Implementation**
  - Weekly CHCS Ad-Hoc report generated to support merge in the CHCS II CDR. Updates posted on https://fieldservices.saic.com
- **Limit the CHCS Fileman "&" key to selected staff to reduce creation of new duplicates**
- **Train Patient Look-Up Processes:**
  - Verify against Military ID Card/CAC Card
  - First Initial of Last Name + Last 4 Sponsor SSN –> C1234
  - Partial Name –> COLON,C
  - Full SSN –> 123-44-1234
  - Hyphenated Last Names

Reconciling Clinic Visits

- "Every Clinic – Every Day"
- Transition to Individual Check-In – In advance of CHCS II
- Process Cancellations and No-Shows – As they occur
  - Lag in processing Patient Cancellations prevents appointment from being re-used
- Duplicate Same Day Visits
- Nurse/Tech Visits on the Same Day/Same Clinic

Inpatient Visits

```
                          WALK-IN SEARCH CRITERIA
Patient: HEALTHE,YOU                          FMP/SSN: 30/800-11-2255
Clinic: QQQCHCSIITESTBRAGG CLINIC/WAMC        ATC Category:
Clinic Phone:                                 Appt Type: ACUTE APPT
Provider: QQQCHCSIITEST,BRAGGDOCA             Duration:
Detail Codes:                                 Srv Type:
Time Range: 0950 to 0950                      Days of Week:
Dates: 14 Feb 2005 to 14 Feb 2005
-------------------------------------------------------------------------


-------------------------------------------------------------------------
This is an inpatient.
Are you from the attending service? No//
```

- If the user accepts the default No//, a "B" Level FCC is assigned to the Visit. The Visit is a Count and reported in the WWR and Total Visits Data Set.
- If the user enters “Y” (Yes), the current Admitting Clinical Service "A" Level FCC is assigned to the Visit . The Visit is a Non-Count and only reported in the CHCS PAS/MCP Monthly Statistical Report and upon coding completion included in the SADR.
- CHCS II supports Inpatient Visit processing, but User Training is needed!!!
- IBWA RNDS* are automatically assigned an “A” Level FCC of the “Current” Inpatient Clinical Service

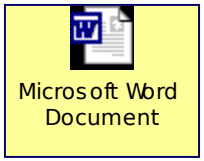
Duplicate Visits

```
WOMACK AMC FT BRAGG NC                    WORLDWIDE WORKLOAD REPORT - SECTION I.A.2              06 Oct 2003 1559     Page 1
DMIS ID: 0089 (Single Facility)        Personal Data - Privacy Act of 1974 (PL 93-579)
                                                Reporting Period: Sep 2003
                                              Calculated: 03 Oct 2003 1545
                                  TOTAL WORKLOAD BY PATIENT CATEGORY WITHIN 4TH LEVEL MEPRS
                                                  *** AUDIT ***                          Item 00 = Basic
TYPE OF REPORT (CHECK BOX):  ()Initial  (X)Monthly  ()Final  ()Corrected                 Item 01 = Live Birth
-------------------------------------------------------------------------------------------------------------------------
Item   MEPRS Code*   Clinic Service                                                 Inpatient     Outpatient    Ambulatory**
         PATCAT                                                                    Visits        Visits        Proc Visits
-------------------------------------------------------------------------------------------------------------------------

                                OB/GYN CARE

       BCBA          GYNECOLOGY CLINIC                                                -          [619]            -

          A11  USA ACTIVE DUTY                                                       -          [115]            -

           REG#   1259908  17Sep03 1303                                             -              1            -
           REG#   1259957  22Sep03 0827                                             -              1            -
           20/800-35-0230  09Sep03 1500, 09Sep03 1539                              -              2            -
           20/800-02-3272  23Sep03 0941, 23Sep03 1400, 29Sep03 0806                 -              3            -
           30/800-21-5039  04Sep03 1300, 04Sep03 1530, 08Sep03 1026, 17Sep03 1421   -              4            -
           30/800-79-6529  22Sep03 0800, 22Sep03 1430                              -              2            -

                                          *** End of Report ***
```

- **WWR Audit Report can be used to detect potential "Duplicate Visits" within the same 4th Level MEPRS – But not very efficient**
- **REG# is displayed if there was an Admission within the reporting month that may have been from the same Attending Clinical Service, reported to the "B" MEPRS Code in error**
- **CHCS PAS End of Day Report can also be used**
- **See Back Up Informational "Same Day/Same Clinic" Ad Hoc Report**

Same Day/Same Clinic Visits

- Ad-Hoc report to identify Same Day/Same Clinic Appointments
- Generates an ASCII File for import into EXCEL
- See your CHCS Administrator, to import Text File into CHCS and create CHCS Menu Option
- Convert to Text File before Import
- Set any CHCS Internal Entry Numbers (IENs) for Hospital Locations to be excluded



Thank you to our WAMC DBA John Rehder for his DQ support

Other Heath Insurance

- **CHCS is the source system for the capture of Other Health Insurance (OHI):**
  - **Primary, Secondary and Tertiary Health Coverage**
  - **New and Updated OHI sent to TPOCS daily**
  - **OHI cannot be entered for Active Duty and Civilian Patient Categories**
- **DQMC Metric for the DD2569 in the Medical Record does not address:**
  - **Reduced reliance on Medical Records with CHCS II**
  - **Timely transfer of DD2569's to the UBO – Daily!**
  - **Entry/Update of OHI in CHCS within 3 calendar days required for Outpatient Itemized Billing processing – to prevent manual billing**

Downstream Impacts

- **Delays in DAILY transfer of DD2569s to the UBO result in:**
  - Lost opportunities for cost recovery
  - Manual identification of unbilled prior covered services
  - Inability to support electronic billing
- **Transition to DEERS OHI Portability:**
  - **Will require both YES and NO responses are transferred to the UBO - Daily**
  - New DEERS SIT/OHI changes in Acceptance Testing
  - Transition projected for late Summer 2005
- **Synchronization of Coding/Billing processes:**
  - 3 Business Days for Coding Completion (Excludes Holidays)
  - 3 Calendar Days for the Billing Hold Period

Synchronizing Processes

Date of Service

1->
Billing HOLD
Services in CHCS OIB Suspense File
Update OHI

2->
Billing HOLD
Services in CHCS OIB Suspense File
Update OHI

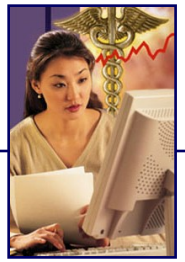
3->
Billing HOLD
Services in CHCS OIB Suspense File
Update OHI

MSA/TPOCS Billing

Annual Update of DD2569

File DD2569 in Medical Record

Enter Coding into CHCS ADM/CHCS II

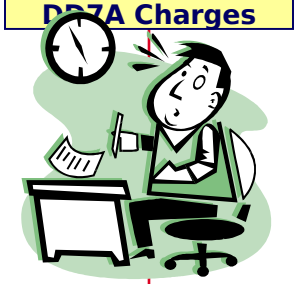


Coding Audit Review

MANUAL RE-WORK

Manually Bill for Prior Covered Services

If OHI is for DD7A Billable Beneficiary, Exclude prior DD7A Charges

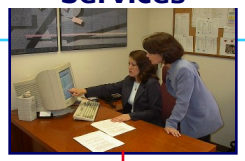


Send DD2569 to UBO

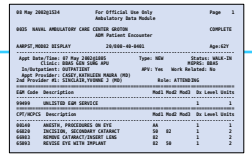
DD 2569 Other Health Insurance

Verify Insurance Coverage

If new OHI - Check for Prior Billable Services



Enter/Update OHI in CHCS



Encounters Completed AFTER 3 Business Days Will Still Be Automatically Sent to Billing

Inpatient Administration

- **CHCS is the source system for Inpatient Admissions, Transfers and Disposition processing:**
  - Assigns Occupied Bed Days (OBDs) at the Census Hour, to the current Clinical Service
  - Current Clinical Service used as the Requesting Location for Inpatient Ancillary Services
  - Current Attending Provider used to create Industry Based Workload Assignment (IBWA) encounters
  - Provides ability to enter Clinical Service Changes during the Admission
- **Correction Management allows corrections to:**
  - Clinical Service, OBDs and Disposition Date/Time
  - Patient Category
  - Recalculates MSA billed charges
- **Inpatient Coding:**
  - ICD-9 Codes for Diagnosis and Procedures
  - Diagnosis Related Grouping (DRG Encoder/Grouper)
  - Assigned DRG represents only the Institutional Services

Corrections Management

```
Patient: HEALTHE,PATIENT                                          VIEW ADT
FMP/SSN: 30/800-26-0103       DOB: 03Jan26       PATCAT: A43    Sex: F
------------------------------------------------------------------------ TYPE
   DATE  TIME RMEPRS MEPRS  WARD    RM-BD   DAYS

  ADM 14Nov04 0118        AAAA  4SMED              1  Reg# 1273692 (T)  ERA
  DSP 14Nov04 1500                                     Disp type: HOME
                                                       Bed days=1
                                                       Sick days=1

  ADM 11Feb05 0110        AAAA  4SMED              0  Reg# 1276653      ERA
  WRD 11Feb05 1833  AAAA  AAHA  ICU2W              3  Interward transfer
```

- **Corrections Management only supports Inpatient Admissions:**
  - **Patient Admission correctly reflects Emergency Room Admission**
  - **Patient correctly admitted to AAAA and transferred to the ICU (AAHA)**
  - **AAAA is the Referring MEPRS (R-MEPRS) for OBDS**
  - **SIDR and WWR will contain OBDs for AAHA (ICU) however, WAM will include these OBDs within the R-MEPRS**
  - **Correction Mgmt could be used to change the Patient Category and recalculate Inpatient MSA Charges (Requires “Super” Security Key)**
  - **OBD corrections would impact both the SIDR, WWR and WAM**
  - **Does not support correcting Inpatient Ancillary Order Requesting Locations**

SIDR Data

- **The Standard Inpatient Data Record (SIDR) is an ASCII file transmission of patient level Inpatient data, generated by CHCS on monthly basis:**
  - **Army MTFs create in interim monthly SIDR limited to completed Records - "D" SIDR**
- **Key SIDR data elements include:**
  - **Treatment MTF**
  - **Admission/Disposition Dates**
  - **Source of Admission/Type of Disposition**
  - **ICD-9-CM Diagnosis & Procedure Codes**
  - **Assigned DRG and Weight**
  - **Patient Demographics (including Enrollment)**
  - **Age at Admission**
  - **Occupied Bed Days per Clinical Specialty (MEPRS Codes)**
  - **Intensive Care Unit (ICU) Days**
  - **MEPRS Code of the Referring Clinical Specialty for ICU Care**

See Back-Up Informational "SIDR Record Status"

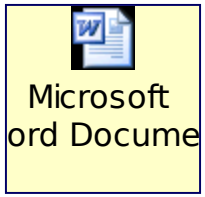
SIDR Record Status

- **SIDR triggering events are recorded in CHCS PAD as part of normal MTF operations**
- **A SIDR Record Status tracks for each stage:**
  - **“F” Record - When Patient is Admitted**
  - **“F1, F2… When a patient remains Admitted over more than one month end**
  - **“E” Record - When Patient is Dispositioned**
  - **“D” Record - When DRG is Assigned (Coding Complete)**
  - **“D1, D2… When a completed SIDR is updated**
  - **“C” Record…When an Admission is Cancelled**
- **At each month end, records for ALL SIDR Statuses are included in the SIDR ASCII File to provide a Year-to-Date status of all inpatient Admissions and Dispositions, and OBDs**

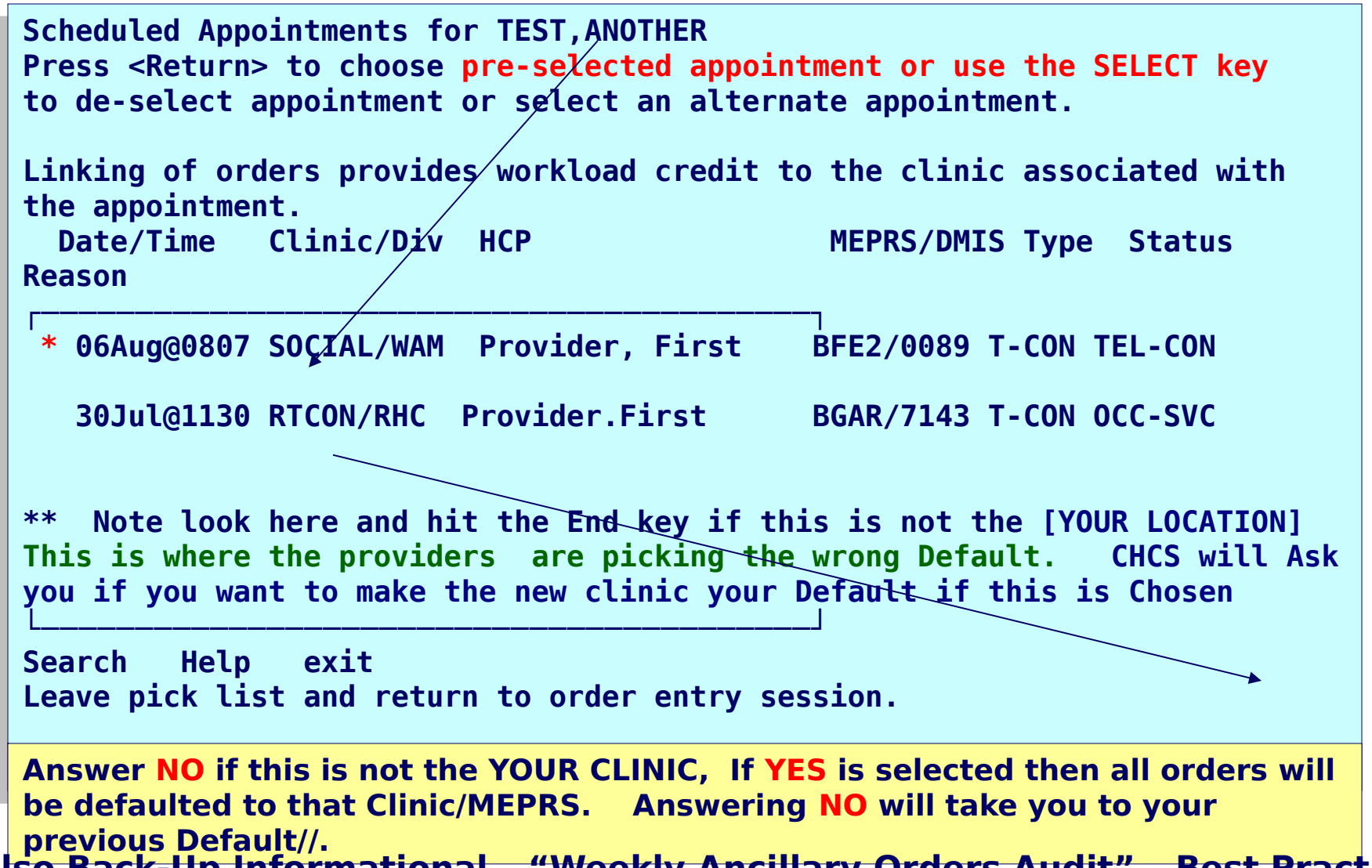
DQ Statement 8.b)

- **# SIDR Dispositions / # WWR Dispositions:**
  - **WWR includes all Admissions, OBDs and Dispositions entered into CHCS for the reporting month, as of when the WWR is generated**
  - **SIDR "D" records created when DRG is assigned and record Approved for transmission in the next SIDR batch**

"How To" Process Steps:



Provider Default Location


Scheduled Appointments for TEST,ANOTHER
Press <Return> to choose pre-selected appointment or use the SELECT key
to de-select appointment or select an alternate appointment.
Linking of orders provides workload credit to the clinic associated with
the appointment.
Date/Time Clinic/Div HCP MEPRS/DMIS Type Status
Reason
* 06Aug@0807 SOCIAL/WAM Provider, First BFE2/0089 T-CON TEL-CON
30Jul@1130 RTCON/RHC Provider.First BGAR/7143 T-CON OCC-SVC
** Note look here and hit the End key if this is not the [YOUR LOCATION]
This is where the providers are picking the wrong Default. CHCS will Ask
you if you want to make the new clinic your Default if this is Chosen
Search Help exit
Leave pick list and return to order entry session.

Answer NO if this is not the YOUR CLINIC, If YES is selected then all orders will be defaulted to that Clinic/MEPRS. Answering NO will take you to your previous Default//.

See also Back-Up Informational – “Weekly Ancillary Orders Audit” – Best Practic

Weekly Ancillary Order Audit

E-Mail notice to "Key Stakeholders" in each Area:

9-14 February 2005 - No orders were written using BFE2 (Social Work Care Manager).

The following lab orders were written using BTST (CHCS II Test Code).

Order #			User/Provider	
050211-05446, 05450, 05451, 05452, 05453			Lewis/CIVP	(Jackie: Were these test orders?)

The following lab orders were written using "D" codes:

Order #	FCC	User/Provider	Should Be
050209-02134	DBAA	Amador/Murray	BGAN
050209-08053	DBAA	Amador/Murray	BGAI
050209-02539, 02630, 04568	DFAA	Lomis/Lomis	BGAN
050209-05542	DFAA	Fulk/Lomis	BGAN
050209-05567	DFAA	Lomis/Lomis	BGAR
050209-06371	DFAA	Fulk/Lomis	BGAR
050209-04466	DFAA	Lomis/Lomis	BBAC
050209-07047	DFAA	Fulk/Lomis	BBAC
050209-06743	DFAA	Lomis/Lomis	last clinic visit Apr 03 (Gyn)050209-08554
	DFAA	Perry/Lomis	last clinic visit Apr 03 (Gyn)
050209-07172, 07188, 07202, 07245,	DBAA	Null/Civ Prov	ok..test workload

No rad orders was written using "D" codes.

CHCS Menu Path:
Physician Menu (OR-MD-MAIN)
  RCR - Review Clinical Results and Orders Menu (OR-REV-CLIN-RESULTS-MD)
    RVO - Review Orders
Enter MEPRS Code to query CHCS for BFE* and BTST Orders

"Bad MEPRS" Ad-Hoc needed to query for Ancillary Orders assigned to "D" MEPRS

Thank you to WAMC MEPRS Mgr Ann Butts for this "Best Practice"

DQ Process Areas

Enrollment, Demographics & Other Health Insurance (CHCS/DEERS)

1. Patient Registration
2. Duplicate Patients
3. NED Error Processing
4. CHCS/DEERS Sync
5. Eligibility Verification
6. [illegible]

Clinical (CHCS/ADM & CHCS II)

7. Provider Medical Specialty
8. Individual Check-In/End of Day Processing
9. Correct assignment of Inpatient Attending Provider and Service
10. Coding Accuracy and Timely Completion
11. Ancillary Order [illegible]

Cost/Performance & Billing (CHCS/ADM/EAS/M2)

12. Ancillary File Maintenance
13. Common File Synchronization Across Systems (Personnel and Clinical)
14. Synchronization of Workload Reporting (SIDR/SADR, WWR, WAM/EAS)**
15. Accurate data to study Access to Case, Quality Improvements, Business Case and Market Share Analysis

* New DQ Metric FY 04 **WAM Enhancements February 2004 addressed these DQ Issues

Drivers for Data Quality

Be Prepared for the "Duration"…

Data Quality is not at One-Time Effort…

The drivers for "Quality Data" are only going to increase with advances in technology, increasing needs to measure access, quality, performance, costs, implement regulatory standards for health care data and use the data to improve the health of the patients we serve.

Data Rules!

- **SIDR: Current Year-to-Date reporting of Inpatient Admissions data**
- **SADR: Current Year-to-Date Reporting of Outpatient Encounter* data when Coding is complete. One E&M & 1st four CPT/HCPCS Codes. Does not include CPT/HCPCS Modifiers**
- **WWR: Monthly statistical workload "Snapshot". Count Visits*, Admissions, Dispositions and Occupied Bed Days (OBDs by Patient Category and 4th Level MEPRS - FCC)**
- **MSR: CHCS Monthly Statistical Report. Count & Non-Count Visits by Clinic, Provider and Standard Appt Type. Helpful to validate Time Reporting.**
- **WAM: Monthly official reporting of workload (Inpatient, Outpatient & Ancillary for Expense Assignment (EAS). Count Visits, Raw Ancillary and OBDs. "Snapshot" Statistics**
- **TPOCS: Completed Outpatient Encounters for "B" and "C" FCCs. Includes ALL CPT/HCPCS Codes and Modifiers for Patients with valid Outpatient billable Other Health**

***A Visit is always an Encounter – but – an Encounter does not always meet the definition of a Visit**

DQ - Where to Start ??

1. **Training – Attend CHCS Training offered at your MTF**
   - **If none are offered, explore options – Training needs will not go away**
2. **Training – Patient Registration and Patient Look-Ups**
3. **Training – Definition of a Visit (Count/Non-Count)**
   - **Non-Count Visits are OK!!**
4. **Training – Appropriate Use of T-CONS**
   - **T-CONS are not an alternate for E-Mail!!**
5. **Training – When a Nurse/Tech Visit is appropriate**
   - **Entering Nurse/Tech Procedures within the Same Day Provider encounter WILL increase Provider RVU**
6. **Establish a CHCS/CHCS II Users Forum (Steering Committee)**
   - **You WILL need this to support CHCS/CHCS II**
7. **Inter-Department Coordination of Inpatient Status Changes**
   - **Valuable Coder Time will be spent in "clean-up" if not addressed to support IBWA**
8. **Address process, staff coding training and other potential root causes (See Back-Up Informational – "**

DQ - Getting There…

- Use the DQMC Program as a tool to increase awareness, track issues and implement solutions and processes to improve DQ
- Identify MTF Level Stakeholders and "DQ Coaches"
- Understand your MTF business processes
- Identify data sources to conduct analysis
- Conduct process assessments to identify problem areas and root causes – try "Trading Spaces"
- Train and re-train staff – Both Business Process and Systems
- Establish performance metrics and measure the results
- Support behavior changes - Create incentives for Teamwork!!!
- Share successes and accomplishments
- Provide Feedback to all levels of the organization
- Know where to go for help - Don't be afraid to ask for help!

See Back-Up Slides for "Information Sources on the Web"

Tri-Service Web Sites

WEB SITE	LINK
CHCS/CHCS II Training Courses & Downloads	http://www.distributivelearning.net
CHCS Data Management* ▪ User Guides, User Update Guides	http://www.chcs-dm.com/DM4CHCS/default.html
TMA Data Quality Management Control Program	http://tricare.osd.mil/rm/fa_dq.cfm
Post Deployment Health Toolbox ▪ Algorithms & Coding Guides	http://www.pdhealth.mil/guidelines/toolbox.asp
TRICARE Operations Center ▪ Access to Care ▪ Template Analysis Tool (TAT)	http://www.tricare.osd.mil/tools/
MEPRS Early Warning and Control System (MEWACS)	http://www.tricare.osd.mil/ebc/rm_home/meprs/mewacsxls.cfm
Uniform Biostatical Utility ▪ Coding Guidelines and Updates	http://www.tricare.osd.mil/org/pae/ubu/default.htm

* See your CHCS Administrator for Access

Service Web Sites

WEB SITE	LINK
Army Knowledge On-Line*: ▪ CHCS II Updates ▪ CHCS II Template Team	**Log On to AKO & Follow Link:** https://www.us.army.mil/suite/page/406 Also Links to AF CHCS II Site
OTSG Decision Support*: ▪ Portal to All AMEDD Metrics/Data	https://ke2.army.mil/otsg/main.php?cid=57
Army PASBA (.mil Access Only) ▪ DQ Metrics & Coding Support	http://www.pasba.amedd.army.mil/
Army MEPRS Program Office ▪ All things MEPRS	http://ampo.amedd.army.mil/
NMC Portsmouth ▪ CHCS “Nuggets” & SOPs	http://www-nmcp.med.navy.mil/EduRes/CompMedia/chcs/nuggets.asp
Air Force P2R2 ▪ MTF Performance Analyzer	https://p2r2.hq.af.mil/

* Password Required

Best of the Web

WEB SITE	LINK
American Academy of Family ▪ Practice Management Measures	http://www.aafp.org/x5981.xml
TRICARE Access Imperatives ▪ Kaiser Clinic Template Model	http://www.tricare.osd.mil/tai/Clinic_Templating.htm
Medical Group Mgmt Benchmarks ▪ Staffing Models ▪ Relative Value Units	http://www.managedcaredigest.com/edigests/mg2000/mg2000c01.html
E&M Coding Benchmark Analyzer* ▪ CMS Benchmarks by Specialty ▪ Analyze your E&M Distribution	http://www.physicianspractice.com/tools/em_calc.html

* Requests Zip Code to Access

Questions??